



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Haley Wright

Email Address: hwright3@iuhealth.org

Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$287340000
Outpatient Patient Service Revenue	\$242149000
Total Gross Patient Service Revenue	\$529489000

2. Deductions From Revenue

Contractual Allowance	\$280505000
Other Deductions	\$9959000
Total Deductions	\$290464000

3. Total Operating Revenue

Net Patient Service Revenue	\$239025000
Other Operating Revenue	\$7084000
Total Operating Revenue	\$246109000

4. Operating Expenses

Salaries and Wages	\$66916000	Employee Benefits	\$16797000
Depreciation and Amortization	\$11985000	Interest Expense	\$15836000
Bad Debt	\$6749000	Other Expenses	\$95305000
Total Operating Expenses	\$213588000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$32521000	Total Assets	\$281266000
Net Non-operating Gains over Loss	\$205000	Total Liabilities	\$271305000
Total Net Gains	\$32726000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$141996000	\$113866000	\$28130000
Medicaid	\$44283000	\$41549000	\$2734000
Other Government	\$10241000	\$7036000	\$3205000
Other State	\$0	\$-9630000	\$9630000
Other Payers	\$332970000	\$137644000	\$195326000
Total	\$529490000	\$290465000	\$239025000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$114000	\$-114000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$185000	\$-185000

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	281
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$9959000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3661000	
HCI Payments	\$0		
Subtotal	\$0	\$3661000	\$-3661000
Medicaid Shortfalls	\$20354000	\$29417000	
Subtotal	\$20354000	\$33078000	\$-12724000
DSH Payments	\$0		
Subtotal	\$20354000	\$33078000	\$-12724000
Medicare Shortfalls	\$23824000	\$40821000	
Other Government Programs	\$0	\$0	
Total	\$44178000	\$73899000	\$-29721000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$524000	\$-524000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

